
Effectiveness of Psychosocial Competency Program for Rural Government School Children

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ABSTRACT:

Background: Psychosocial competence is a strength and ability to deal effectively with demands and challenges of everyday life. School is an important institution that provides opportunities for the overall development of children. The current study aims at understanding the effectiveness of psychosocial competence programme conducted in rural school as part of community mental health program of NIMHANS, Bengaluru.

Methods: 172 students of class 6th, 7th and 8th from seven rural government schools participated in the program. psychosocial competence programme on nine different themes was conducted using participatory methodology. Feedback was collected from students about their learnings in each session. The learnings were quantified as appropriate and in appropriate responses to discuss the results.

Results: Majority of children were from lower socio-economic background. Mean percentage of appropriate responses of children about each session ranged from 50.71% to 78.2. Female children were consistent in attending the sessions. The mean percentage of appropriate responses were significantly higher among the children who attended more than 7 sessions compared to children who attended less than seven sessions. Significant difference ($P < .05$) was found in appropriate responses and strength of the class.

Conclusion: Development of psychosocial competencies is multidimensional in nature. Well-structured, well planned and well implemented school based intervention programmes would lead to significant improvement in psychosocial development of children.

INTRODUCTION:

Psychosocial competence is a strength and ability to deal effectively with demands and challenges of everyday life (WHO). Schools are important institution for children's social and psychological development as it is believed that school's environment is conducive to socioemotional growth of children (Jones and Bouffard, 2012), the balanced growth of psychosocial competence reflected in terms of positive social, emotional, behavioural and academic outcome for children (Durlak and Weissberg, 2011).

Today, in every community the schools are providing the diversified services to students to motivate and bring out varied abilities and enhancing the student's psychosocial competencies, character, health and civic engagement (Metlife, 2002). School children who lack in psychosocial strengths showed underachievement in academics, poor self-confidence, avoidance of social interaction, difficulty in the establishment of relationship (Weeks, Coplan & Kingsbury, 2009); avoidance of school, decreased the ability for problem-solving, lower academic achievement (McLoone, Hudson and Rapee, 2006).

Sigmund Freud and Erik Erikson pioneered in demonstrating the concept of psychosocial development. They held the view that meeting the basic psychosocial needs of the individual in different developmental stage plays a vital role in building the psychosocial abilities of the individual. Studies also show that the development of children is affected by a biological and psychosocial factor (Wachs, 2000). Poverty is a major risk factor in developing countries for the inadequate psychosocial development of children (Brooks-Gunn J, Duncan GJ, 1997). Lower socio economic status is the main reason it is associated with inadequate nutritious food, poor sanitation and hygiene, a higher rate of morbidity among children, poor maternal education, maternal stress and inadequate stimulation at home significantly affected psychosocial development of children (Hamadani JD, Grantham-McGregor, 2004).

The child's psychosocial environment is captured by family socioeconomic status, socializing processes, peer and school support, and psychological traits are associated with, to varying extent, child developmental outcomes in rural areas (Wing, 2008 and Ming Wen and Danhua Lin, 2012). It is important to enhance the psychosocial competencies of children for better psychological health and for gaining the coping ability to deal with day to day stress (Bharath and Kumar, 2010).

Schools have an unprecedented opportunity to improve the life of the young people. Schools are often the strongest social and educational institution available for intervention as every child attends the school during their lives. The aim of the school-based mental health programme or intervention is to provide an experience to students group that will enhance or strengthen the children's coping abilities to counter environmental stress. Comprehensive school health programs fetched positive result in higher school attendance rate enhanced academic success, reduced school dropout and deviant behaviour. Studies show that effective mental health initiatives demonstrated to reduce in substance use behaviour among the children (WHO, 1994).

The school mental health model provides intervention at four levels begins with 1) promoting psychosocial competence this is to be integrated into school curriculum 2) Mental Health education as part of general health curriculum 3) psychosocial intervention which offers additional help to students 4) professional treatment includes additional mental health intervention (WHO, 1994).

National Institute of Mental Health and Neuro Sciences (NIMHANS), Bengaluru, India, a pioneer institute in providing mental health care in the country, extends rural community mental health services through sakalwara community mental health center which is located in the outskirts of the city and caters to the need of 96 villages which falls in the catchment area of the center. As part of the rural mental health programs, school mental health for children in the Government higher primary schools in the catchment area is one of the important components of the services of the center. Current study focuses on the effectiveness of psychosocial competencies programme which was conducted.

METHODOLOGY:

The current study aimed at assessing the effectiveness of psychosocial competencies program conducted in rural government school of Anekal taluk, Bengaluru District. Block Education Officer (BEO) of Anekal Taluk was informed about the psychosocial competencies program in rural government schools and the permission for the same was sought by him. List of

schools situated in the catchment area of the center were collected. Subsequently, seven rural government schools were selected for conducting the program.

In discussion with the headmaster of each school, the time was fixed as one hour from 12.00 pm to 1.00 pm of every Friday. The program was conducted for approximately two months in each school which covered nine sessions that was finalised based on the need assessment with the teachers. Though initially it was planned for only 8th standard students, due to less number of students in 8th standard, the 6th and 7th standard students were also included in the sessions depending on the number of children in each standard. The sessions were handled by the trained mental health professionals from Social Work background with the help of a manual developed for this purpose.

The teachers were explained about the content, process of the program and the need for building the psychosocial competencies of children for a better psychosocial development. The teachers were also available during the sessions for the children.

Details of the session:

S. No	Name of the Session
1.	Decision Making & Problem Solving
2.	Interpersonal Relationship
3.	Effective Communication
4.	Assertiveness
5.	Enhancing Social Support
6.	Time Management
7.	Understanding and managing the reactions to stress
8.	Self-Awareness
9.	Preparation for exams

Participatory methodology that included group discussion, role play, group activity, games and individual activity was adopted for the current program. This ensured the maximum participation from the children and it helped them to be active member of the group.

At the end of each session, the students were asked to write about the learning of the session. In the current study the learnings of the children about each session was quantified as appropriate and inappropriate responses based on the criteria made by the team. For example, below table shows few responses of students regarding the Problem solving and Decision-making and based on which following classification has made.

Appropriate Answer	Inappropriate Answer
<ul style="list-style-type: none"> Finding out the origin or cause of the problems Discussing the problems with family and teachers Finding the appropriate solution. 	<ul style="list-style-type: none"> We all celebrate festival at school Absent to school when unfinished of home work without informing parents I will hit other children when they do mistake

So if the children had mentioned any one of these areas as their learnings the answers were considered as appropriate. The data was analysed using SPSS software and explained using descriptive statistics (measures of central tendency) and non-parametric inferential statistics such as Kruskal Wallis test.

RESULTS:

Table 1: Details of students

Sl no	Category	6th	7th	8 th	Total
1	Male	19	11	66	96 (55.81%)
2	Female	11	11	54	76 (44.19%)
3	Total	30 (17.44%)	22 (12.79%)	120 (69.76%)	172

A total of 172 students participated in the current program which consisted of 2 classes each of 6th and 7th standard and 3 classes of 8th standard students. Majority of students (69.76%) were studying in 8th standard. 55.81% were male.

Table 2: Details of session conducted

Theme of Session	Total present (N=172)	Mean Percentage of appropriate responses
Decision making & problem solving	140 (81.40%)	71 (50.71%)
Interpersonal relationship	121 (70.35%)	91 (75.21%)
Effective communication	127 (73.84%)	75 (59.06%)
Assertiveness	108 (62.80%)	81 (75.00%)
Enhancing the Social Support	97 (56.40%)	63 (64.95%)
Time management	128 (74.42%)	78 (60.94%)
Self-awareness	127 (73.84%)	83 (65.35%)
Reaction to Stress	96 (55.82%)	73 (76.04%)
Exam Preparation	115 (66.87%)	90 (78.26%)

Table 2 shows that number of students present for each session and the mean percentage of appropriate responses by students in each of the session. It is seen that, in all the session more than 50% of students were present with mean percentage of attendance ranging from 55.82 to 81.40. Similarly, the mean percentage of appropriate responses ranged from 50.71 to 78.2. The result also shows that there is a gradual increase in the understanding the theme and responses as the sessions progressed.

Table 3: Details of number of sessions attended by students:

Gender	7 to 9 session	4 to 6 session	1 to 3 session
Male	47 (47%)	36 (70.59%)	13 (61.91%)
Female	53 (53%)	15 (29.41%)	8 (38.09%)
Total (n=172)	100 (58.14%)	51 (29.65%)	21 (12.21%)

The sessions conducted were divided into three groups based on attendance of students. Majority (58.14%) of students attended 7 to 9 sessions in which (53%) were female students. It has been observed that female students were consistent in attendance compare to male students.

Table 4: Number of sessions and appropriate answer

No of Session	N=172	mean percentage of appropriate answer	Mean Rank	Chi-Square	df	Significance
7 to 9 sessions	100	67.86	96.86	10.510	2	.005
4 to 6 sessions	51	55.17	73.43			
1 to 3 sessions	21	49.21	68.93			

Table 5 shows the result of the Kruskal wallis test performed to test the significant difference in the mean percentage of appropriate responses and the number of sessions attended by the children. The results show that there is a significant difference ($\chi^2 = 10.510$, $p < .05$) in the mean percentage of appropriate answer among the children who attended 7 to 9 sessions, 4 to 6 sessions and 1 to 3 sessions. The mean rank of appropriate answer for children who attended 7 to 9 sessions (96.86) were found to be more than the children who attended 4 to 6 (73.43) sessions and 1 to 3 sessions (68.93). The results also showed that there is no significant difference in percentage of appropriate responses among the different standards of children

Table 5: Details of the rate of appropriate answer

Sessions	total present	Group-A Mean percentage of appropriate answer of sessions 1 to 4	Mean percentage of appropriate answer of sessions 1 to 4	Group-B Mean of appropriate answer of sessions 5 to 9	Mean percentage of appropriate answer of sessions 5 to 9
7 to 9 session	100	2.28	42.29	3.05	56.71
4 to 6 session	51	1.49	51.34	1.49	44.74
1 to 3 session	21	0.67	52.38	0.29	23.81

The session attended and appropriate answer given by the students were further divided into two groups as Group-A which consist of mean percentage of appropriate responses from session 1 to 4 and Group-B comprises of mean percentage from session 5 to 9.

It is found that students who have attended 7 – 9 sessions had better response rate in the group B compared to group A which was not consistent in the students who attended less than 7 sessions.

Table 6: Class strength and appropriate answer

Class strength N	mean percentage of appropriate answer	Mean Rank	Chi-Square	df	Significance
48	70.47	100.55	28.084	6	P<0.001
34	71.80	95.62			
28	72.60	105.68			
20	54.04	67.35			
18	40.70	43.92			
13	57.69	75.08			
11	48.78	65.58			

Table 6 shows that, the Kruskal wallis test was performed to assess the significant difference between the class strength and mean percentage of appropriate responses were given by the students. The result shows that there is significant deference ($\chi^2 = 28.084$, $p < 0.001$) in the mean parentage of appropriate answer among the school which has above 20 children. The mean rank of appropriate answer is found to be higher among the school with more than 20 children strength compare to schools with below 20 children.

DISCUSSION:

The component of psychosocial programme was built based on the existing school mental health programme, life skill education and mental health education manual in order to enable students improve their psychosocial competences in the areas of problem solving, decision making interpersonal relationship, effective communication, assertiveness, enhancing the social support, time management, self-awareness, reaction to stress and management and exam preparation. Promoting the psychosocial competencies aim at helping school children to have better social and emotional health to carry out day to day task effectively. Even during the sessions, it was observed that the program resulted in improving the children's motivation, self-confidence, volunteerism, Group Cohesion, understanding among themselves which was seen in their keenness to attend the program every week.

In the current study male children strength was found to be more compare female children in rural government schools, whereas regularity and consistency in attending the program was found to be more among female children. A study by (Brooks-Gunn J, Duncan GJ, 1997 and Ming Wen and Danhua Lin, 2012) shows that psychosocial development of children are significantly affected in rural areas as most of children came from lower socio economic back

ground, those children found to be poor in performing the problem solving, communication, academic performance etc. So the current program justifies the need to provide psychosocial interventions as majority of children were representing the lower socio economic strata which is one of the barriers for psychosocial competencies among children.

It was found in the study that response rate of children in the beginning session of psychosocial competencies programme was poor, as session progressed understanding the concept and its implications in day to day life found to be improved among the rural government school children. It goes with the observation of the team during the session that the children who were not very active during the initial sessions were also participating actively due to the participatory methodology. This finding is justified by the study conducted by Van Beurden (2003) on promotion of health of primary rural school children through the physical education which shows that substantial improvement was found in fundamental movement skill among children post intervention, though the study is about enhancing the movement skill the result of the study is in line with result of present study.

The study reveals that significant difference was found in the mean percentage of appropriate responses and the number of sessions attended by the children. It shows children who attended more sessions likely to show increase in the level of learning on psychosocial competencies. The meta-analysis by Casel (2007, 2008) of about 200 school-based study on the impact of universal intervention shows positive response in socioemotional learning and academic achievement among the primary school children. The study by Greenberg et al., (2003) suggest that well planned and well implemented school-based intervention programme supporting the psycho-socio and emotional development of children which impacts on better academic achievement. The result of quoted studies is similar to current studies as well *-en 20 to 40 children which increases the response rate of the children.

Overall the results shows that the effectiveness of the psychosocial competence programs in the school are based on the variables such as gender, maximum attendance of classes, participatory methodology and class strength.

CONCLUSION:

Development of Psychosocial competencies is multidimensional in nature. Some research studies substantiate that lower socio economic background is the major risk factor for poor psychosocial development of children and education and supervision system of rural government school is not upgraded to minimum standards, there is no adequate effort from government side to enhance the psychosocial competencies of rural school children. However, some of the research studies show that well-structured, well planned and well implemented school based intervention programmes led significant improvement in psychosocial development of children.

Ethical approval: All procedures performed in this study were in accordance with the ethical standards of the Institute Ethics committee

Informed consent: Informed consent was obtained from all individual participants included in the study

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